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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning , and ending****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**THE VERMONT RIVER CONSERVANCY, INC.**

Number and street (or P.O. box, if mail is not delivered to street address)

29 MAIN STREET

Room/suite

11

City or town, state or country, and ZIP + 4

MONTPELIER**VT 05602****D** Employer identification number**03-0347147****E** Telephone number**802-229-0820****F** Group Exemption

Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ **WWW.VERMONTCONSERVANCY.ORG****J** Tax-exempt status (check only one) — ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

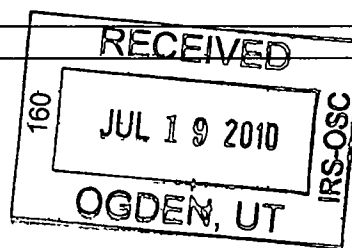
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **339,009**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	316,936
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	2,463
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	14,025
b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	14,025
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ SEE STATEMENT 1)	8	5,585
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	339,009
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	84,246
13	Professional fees and other payments to independent contractors	13	96,056
14	Occupancy, rent, utilities, and maintenance	14	5,781
15	Printing, publications, postage, and shipping	15	1,678
16	Other expenses (describe ▶ SEE STATEMENT 2)	16	12,642
17	Total expenses. Add lines 10 through 16	17	200,403
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	138,606
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	148,926
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	-9,650
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	277,882

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	176,816	219,460
23 Land and buildings		76,000
24 Other assets (describe ▶ SEE STATEMENT 4)	7,846	14,806
25 Total assets	184,662	310,266
26 Total liabilities (describe ▶ SEE STATEMENT 5)	35,736	32,384
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	148,926	277,882

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

SEE STATEMENT 6

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 SEE STATEMENT 7

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

(Grants \$) If this amount includes foreign grants, check here

28a

100,908

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

100,908

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
STEVE LIBBY	EXEC. DIR. 20.00	46,800	0	0
STEPHAN SYZ	DIR. @ LARGE 20.00	0	0	0
BRICE SIMON	BOARD CHAIR 1.00	0	0	0
CHRISTY MIHALY	VICE CHAIR 1.00	0	0	0
JIM POWERS	TREASURER 1.00	0	0	0
KEITH JONES	SECRETARY 1.00	0	0	0
DAVID GREEN	DIR. @ LARGE 1.00	0	0	0
GINNY GARRISON	DIR. @ LARGE 1.00	0	0	0
JOHN GORCZYK	DIR. @ LARGE 1.00	0	0	0
KIM GREENWOOD	DIR. @ LARGE 1.00	0	0	0
RAMSEY LUHR	DIR. @ LARGE 1.00	0	0	0
JEFF MEYERS	DIR. @ LARGE 1.00	0	0	0
TINO O'BRIEN	DIR. @ LARGE 1.00	0	0	0
BARBARA RIPLEY	DIR. @ LARGE 1.00	0	0	0
MARLI RUPE	DIR. @ LARGE 1.00	0	0	0
MICHAEL WOODFIELD	DIR. @ LARGE 1.00	0	0	0
WIN TURNER	DIR. @ LARGE 1.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed 41 NONE		
42a The organization's books are in care of 42a LINN PERKINS SYZ Telephone no 42a 802-229-0820 29 MAIN STREET Located at 42a MONTPELIER, VT ZIP + 4 42a 05602		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b		X
If "Yes," enter the name of the foreign country 42b		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? 42c		X
If "Yes," enter the name of the foreign country 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43		☐
and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		☒
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		☒
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		☒
49a Did the organization make any transfers to an exempt non-charitable related organization?		☒
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

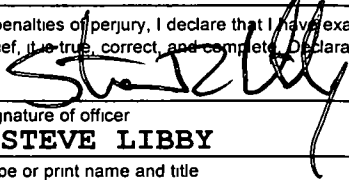
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer STEVE LIBBY Type or print name and title		Date 7-14-2008 EXECUTIVE DIRECTOR	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ☐	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	06/17/10		P00124210
	ANGOLANO & COMPANY CPA PC PO BOX 639 SHELBURNE, VT 05482-0639			EIN ▶ 03-0322470 Phone no ▶ 802-985-8992
May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No				

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	75,173	61,645	269,735	246,729	316,936	970,218
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	75,173	61,645	269,735	246,729	316,936	970,218
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						970,218

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	75,173	61,645	269,735	246,729	316,936	970,218
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			7	3,385	2,463	5,855
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,118	583	2,740	1,060	19,610	26,111
11 Total support. Add lines 7 through 10						1,002,184
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.81%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.22%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME DETAIL

SPECIAL EVENTS	\$	17,509
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OTHER MISC	\$	8,602
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Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
MISCELLANEOUS	\$ 5,585
TOTAL	\$ 5,585

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
EQUIPMENT REPAIR	205
TELEPHONE/FAX/INTERNET	1,755
SUPPLIES/PHOTOGRAPHY	449
PRINTER SUPPLIES	170
OFFICE TRAVEL & MILEAGE	1,084
PROJECT MILEAGE	4,580
MEETINGS	76
LIABILITY INSURANCE	1,130
WORKER'S COMP. INSURANCE	435
SAFE DEPOSIT BOX RENTAL	48
REAL ESTATE TAXES	2,710
TOTAL	\$ 12,642

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
NET UNREALIZED LOSS ON INVESTMENTS	\$ -9,650
TOTAL	\$ -9,650

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$ 3,248	\$ 4,973
PREPAID EXPENSES AND DEFERRED CHARGES	1,108	1,215
EQUIPMENT & FURNISHINGS	5,664	11,949
LESS ACCUMULATED DEPRECIATION	2,174	3,331
	7,846	14,806

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
DEFERRED REVENUE	\$ 35,736	\$ 32,384
	35,736	32,384

Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description**

TO PROTECT "SPECIAL PLACES" ALONG THE WATERS OF VERMONT SUCH AS WATERFALLS, GORGES, SWIMMING HOLES, WETLANDS, RIVER AND LAKESHORES, ISLANDS, WILDLIFE HABITAT COMMUNITIES AND BIODIVERSITY ALONG THE WATERS OF VERMONT; TO PROTECT LANDS ALONG THE WATERS OF VERMONT FOR RECREATION, EDUCATION, AND AESTHETIC ENJOYMENT; TO FACILITATE AND ENCOURAGE ADDITIONAL LAND PROTECTION AND LAND STEWARDSHIP THAT PROTECT WATER QUALITY AND RIVER CORRIDORS ALONG LAKE CHAMPLAIN AND THE MANY RIVERS AND STREAMS OF VERMONT.

Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description**

MANAGEMENT OF CONSERVATION PROJECTS. THE NEGOTIATION FOR RIGHTS, OPTIONS, AND PURCHASE OF LANDS ADJACENT TO RIVERS AND STREAMS SO THAT OTHER NON-PROFIT ORGANIZATIONS OR GOVERNMENTS CAN CONTROL THEIR USE AND PRESERVE THE WILDLIFE HABITAT, NATURAL COMMUNITIES, AND BIODIVERSITY ALONG THE RIVERS AND STREAMS. THE GOAL IS TO PROTECT THE LANDS ALONG THESE WATERS OF VERMONT FOR RECREATION, EDUCATION, AND AESTHETIC ENJOYMENT.

Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
DUMAINE PROPERTY	\$	\$	\$ 76,000	\$ 0
TOTAL	\$ 0	\$ 0	\$ 76,000	\$ 0

Vermont River Conservancy
Depreciation Schedule
For The Year Ended 12/31/09

<u>Num</u>	<u>Description</u>	<u>Life</u>	<u>Method</u>	<u>Conv.</u>	<u>Bus.%</u>	<u>Date Acquired</u>	<u>Orig. Cost</u>	<u>s179 Elect.</u>	<u>Accum. Depr.</u>	<u>Curr. Depr.</u>	<u>Remaining Basis</u>
Equipment:											
1	Chairs	5.0	SL	HY	100%	8/4/2004	104	-	94	10	-
2	Dell Computer, Mointer	5.0	SL	HY	100%	8/4/2006	1,400	-	700	280	420
3	Dell Laser 1815dn MFP Printer	5.0	SL	HY	100%	6/13/2007	454	-	136	91	227
4	External Beyond Micro Hard Drive	5.0	SL	HY	100%	6/14/2007	104	-	31	21	52
5	Dell Optiplex 320 Computer	5.0	SL	HY	100%	6/25/2007	1,506	-	452	301	753
6	Website Update	5.0	SL	HY	100%	3/24/2008	1,206	-	121	241	844
7	ESRI GPS Equipment	5.0	SL	HY	100%	7/15/2009	6,625	-	-	663	5,962
8	Brother Color Printer	5.0	SL	HY	100%	10/5/2009	400	-	-	40	360
	Total Equipment						<u>\$ 11,799</u>	<u>\$ -</u>	<u>\$ 1,534</u>	<u>\$ 1,647</u>	<u>\$ 8,618</u>
Furnishing:											
9	Shelving	5.0	DB200	HY	100%	6/1/2000	<u>\$ 150</u>	<u>\$ -</u>	<u>\$ 150</u>	<u>\$ -</u>	<u>\$ -</u>
10	Dumaine Land					6/8/2009	<u>\$ 76,000</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 76,000</u>
	TOTALS						<u>\$ 87,949</u>	<u>\$ -</u>	<u>\$ 1,684</u>	<u>\$ 1,647</u>	<u>\$ 84,618</u>

VRC 2009 Completed Projects

<u>Name</u>	<u>Location</u>	<u>Owners</u>	<u>Size</u>	<u>Frontage</u>	<u>River</u>	<u>Date</u>	<u>Purchase Price</u>	<u>Public Access</u>
<u>VRC Conservation Projects</u>								
Dumaine	Bloomfield	Frank Dumaine	7 4 Acres	1,000'	East Branch of Nulhegan	6/5/2009	\$76,000	owned in fee
<u>VRC River Corridor Easements</u>								
Hambleton/Winooski River Corridor Easement	Marshfield	Tracey Hambleton	12 3 Acres	2,215'	Winooski	2/18/2009	\$11,000	no
Middlebury Area Land Trust/Middlebury River Corridor	Middlebury	Town of Middlebury/MALT	17 31 Acres	1,500'	Middlebury River	5/26/2009	\$0	yes
Roche/Ayers Brook Corridor Easement	Randolph	Michael and Diane Roche	10 2 Acres	2,192'	Ayers Brook	9/11/2009	\$14,057	no
Rood/New Haven River Corridor Easement	Lincoln	Margaret Rood	2 3 Acres	1,298'	New Haven	4/3/2009	\$0	no
Thraikill/White River Corridor Easement	Rochester	William and Anne Thraikill	15 9 Acres	1,462'	White River	4/17/2009	\$29,503	no

Totals **58.01 Acres** **8,667' River Frontage**

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization THE VERMONT RIVER CONSERVANCY, INC.	Employer identification number 03-0347147
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 29 MAIN STREET 11	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MONTPELIER VT 05602	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|---|------------------------------------|
| ☐ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☒ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ► **THE VERMONT RIVER CONSERVANCY**

Telephone No ► **802-229-0820**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ☒ calendar year **2009** or
 - ☐ tax year beginning _____, and ending _____

- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 4-2009)